

**ARIZONA DEPARTMENT OF HEALTH SERVICES
DATA ELEMENTS AND FORMAT SPECIFICATIONS FOR
PUBLIC RELEASE OF HOSPITAL EMERGENCY DEPARTMENT DISCHARGE DATA**

CHECK OUR WEBSITE AT: www.azdhs.gov/plan/crr/index.htm

ASCII text files are fixed length records of 895 characters **UPDATES ARE INDICATED IN RED.**

Number of Characters in Data Element	Start Position	DBF FILE DATA ELEMENT NAME	DATA ELEMENT DESCRIPTIVE NAME	Uniform Billing Locator #	CODES AND VALUES - ALL ALPHA CHARACTERS ARE IN UPPERCASE	EDITING REQUIREMENTS - ALL DATA ELEMENTS ARE LEFT JUSTIFIED AND UNUSED SPACES LEFT ARE BLANK UNLESS OTHERWISE INDICATED
10	1	FAC-ID	Arizona Facility Identification Number - AZ FAC_ID	n/a	Alpha-Numeric	Right justified with leading zeros. All AZ FAC_ID numbers begin with the alpha characters MED (ALL CAPS) followed by a four-digit number, with no spaces or dashes. [Example: MED1234] All Arizona hospital AZ FAC_ID's are available on website: www.azdhs.gov/plan/crr/index.htm
17	11	MED_REC_NO	Patient's Medical Record Number	23	LEFT BLANK = THIS FIELD IS BLANK IN THIS ED PUBLIC DATA SET	LEFT BLANK = THIS FIELD IS BLANK IN THIS ED PUBLIC DATA SET
19	28	SSNO	Certificate, SSN or Health Insurance Claim Number	60	LEFT BLANK	LEFT BLANK
2	47	NOT APPLICABLE	NOT APPLICABLE	n/a	NONE - SEE EDITING REQUIREMENTS	POSITIONS 47 AND 48 ARE EMPTY - NOT COLLECTED IN EMERGENCY DEPARTMENT (ED) DISCHARGE RECORDS
30	49	PAT_ADDR	Patient's Street Address	13	LEFT BLANK	LEFT BLANK
20	79	PAT_CITY	Patient's City	13	Alpha-Numeric	
2	99	PAT_STATE	Patient's State	13	Alpha-Numeric	US Postal Service state abbreviations. If a foreign resident, field is left blank and name of patient's country is in Patient's Zip Code field. See Edit Requirements in Zip Code Field.
10	101	PAT_ZIP	Patient's Zip Code	13	Alpha-Numeric	US Postal Zip Code for patient's residence at the time of admission or encounter. Left justified for the first five digits and the rest of the field blank. 00000 is used for unknown zip codes. If a foreign resident, the first 5 letters of the name of the country are entered, for example Mexico = MEXIC; Canada = CANAD; England = ENGLA; and the rest of the field blank.
8	111	PAT_DOB	Patient's Date of Birth	14	LEFT BLANK	LEFT BLANK
1	119	PAT_SEX	Patient's Sex	15	Patient's Sex M= Male F= Female U = Unknown	
8	120	ADMIT_DATE	Date of Admission	6	LEFT BLANK	LEFT BLANK
8	128	DISC_DATE	Date of Discharge	6	LEFT BLANK	LEFT BLANK
10	136	NOT APPLICABLE	NOT APPLICABLE	n/a	NONE - SEE EDITING REQUIREMENTS	POSITIONS 136 THRU 145 ARE EMPTY - NOT COLLECTED IN EMERGENCY DEPARTMENT (ED) DISCHARGE RECORDS

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2	146	DISC-STAT	Patient's Discharge Status	22	<p>The circumstances under which the patient left the hospital:</p> <p>01 = Discharged to home or self care (routine discharge)</p> <p>02 = Discharged/transferred to another short term general hospital for inpatient care (See code 43)</p> <p>03 = Discharged/transferred to skilled nursing (SNF).</p> <p>04 = Discharged/transferred to an intermediate care facility (ICF).</p> <p>05 = Discharged/transferred to another type of institution for inpatient care</p> <p>06 = Discharged/transferred to home under care of organized home health service org.</p> <p>07 = Left against medical advice or patient discontinued care</p> <p>08 = Discharged/transferred to home under care of a Home IV drug therapy provider.</p> <p>09 = Admitted as an inpatient to this hospital</p> <p>20 = Expired (or did not recover - Christian Science patient)</p> <p>43 = Discharged to a federal hospital (New code effective October 1, 2003)</p> <p>50 = Discharged home with hospice</p> <p>51 = Discharged or transferred to hospice - medical facility</p> <p>61 = Discharged or transferred within this institution to a hospital-based swing bed (skilled care)</p> <p>62 = Discharged or transferred to an inpatient rehabilitation facility</p> <p>63 = Discharged or transferred to a long term care hospital</p> <p>65 = Discharged or transferred to a psychiatric hospital or psychiatric unit of a hospital (New code: per CMS, effective date postponed until 2005.)</p>	Both digits are filled in. All codes match the Medicare Patient Discharge Status Codes and follow all Medicare definitions of terms.

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3	148	DRG	DRG Code	78	The condition established after study as being chiefly responsible for the admission of a patient to the hospital for care.	Right justified with leading zeros.
7	151	TOTAL	Total Charges	47	The total gross charges incurred by the patient for this visit or hospital stay.	Right justified with leading zeros. Note: Only Whole dollars are used, rounded, no commas.
2	158	PAYER	Payor Code	50a	The Primary Payor, the expected source of payment for the majority of the charges associated with this visit or hospital stay. 00 = Self pay 01 = Commercial (Indemnity) 02 = HMO 03 = PPO 04 = AHCCCS Health Care Group 05 = Medicare 06 = AHCCCS/Medicaid 07 = CHAMPUS/MEDEXCEL 08 = Children's Rehab Services 09 = Workers Compensation 10 = Indian Health Services 11 = Medicare Risk 12 = Charity 13 = Foreign National 14 = Other 15 = Tobacco Tax	Right justified with leading zeros.
546	160	NOT APPLICABLE	NOT APPLICABLE	n/a	NONE - SEE EDITING REQUIREMENTS	POSITIONS 160 THRU 705 ARE EMPTY - NOT COLLECTED IN EMERGENCY DEPARTMENT (ED) DISCHARGE RECORDS
6	706	PRIN_DX	Principal Diagnosis Code	67	Enter the ICD-9-CM code describing the condition chiefly responsible for causing this encounter.	DECIMAL POINTS ARE EXCLUDED. Letter V code included if applicable. E-Codes are not placed in this field. (Note: IF Principle Diagnosis Code is 800.0 through 995.89 or 996 through 999.9, see EXTERNAL CAUSE OF INJURY below.)
6	712	DX2	Second Diagnosis Code	68	Enter the ICD-9-CM code describing additional conditions.	Left blank if not applicable. DECIMAL POINTS ARE EXCLUDED. Letter V code included if applicable. E-Codes are not placed in this field.
6	718	DX3	Third Diagnosis Code	69	Same as the Second diagnosis code.	See Second Diagnosis code requirements above.
6	724	DX4	Fourth Diagnosis Code	70	Same as the Second diagnosis code.	See Second Diagnosis code requirements above.
6	730	DX5	Fifth Diagnosis Code	71	Same as the Second diagnosis code.	See Second Diagnosis code requirements above.
6	736	DX6	Sixth Diagnosis Code	72	Same as the Second diagnosis code.	See Second Diagnosis code requirements above.
6	742	DX7	Seventh Diagnosis Code	73	Same as the Second diagnosis code.	See Second Diagnosis code requirements above.
6	748	DX8	Eighth Diagnosis Code	74	Same as the Second diagnosis code.	See Second Diagnosis code requirements above.
6	754	DX9	Ninth Diagnosis Code	75	Same as the Second diagnosis code.	See Second Diagnosis code requirements above.

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6	760	ECODE1	External Cause of injury	77	Enter the ICD-9-CM E-Code describing the external cause of injury.	IF the PRINCIPLE DIAGNOSIS CODE above equaled 800.0 through 995.89 or 996 through 999.9, THEN an E-Code should be entered in this EXTERNAL CAUSE OF INJURY Field. The External Cause of Injury E-Code ranges are E800.0 through E848.9, and E850.0 through E999.9. The letter E is included and DECIMAL POINTS ARE EXCLUDED. When there are multiple E-Codes in the record, the E-Code associated with the PRINCIPLE DIAGNOSIS CODE should be entered here. NOTE: An E-Code is to be reported only for the first hospitalization or visit during which the injury, poisoning and/or adverse effect was diagnosed or treated. SEE ALSO: The ADDITIONAL EXTERNAL CAUSE OF INJURY 1, 2 and 3 Fields below.
6	766	ECODE2	Place of Injury	n/a	Enter the ICD-9-CM E-Code describing the Place where the Injury or Poisoning occurred.	For Place of Injury Code Only. The Place of Injury Code Range is E849.0 through E849.9. The letter E is Included and DECIMAL POINTS ARE EXCLUDED. This field is left blank if there is no EXTERNAL CAUSE OF INJURY.
8	772	PROC_DATE	Principal Procedure Date	80	LEFT BLANK	LEFT BLANK
5	780	PRIN_PR	Principal Procedure Code	80	Enter the ICD-9-CM code that identifies the principal procedure performed. NOTE: For ED File Types, IF the ICD-9-CM code is NOT available, THEN the CPT4 Code or HCPCS Code is entered.	Filled in if a Procedure was done for this patient, left blank if not applicable. DECIMAL POINTS ARE EXCLUDED.
5	785	PR2	Second Procedure Code	81A	Enter the ICD-9-CM code that identifies the principal procedure performed. NOTE: For ED File Types, IF the ICD-9-CM code is NOT available, THEN the CPT4 Code or HCPCS Code is entered.	Left blank if not applicable. DECIMAL POINTS ARE EXCLUDED.
5	790	PR3	Third Procedure Code	81B	Same as Second procedure code.	See Second Procedure code requirements above.
5	795	PR4	Fourth Procedure Code	81C	Same as Second procedure code.	See Second Procedure code requirements above.
5	800	PR5	Fifth Procedure Code	81D	Same as Second procedure code.	See Second Procedure code requirements above.
5	805	PR6	Sixth Procedure Code	81E	Same as Second procedure code.	See Second Procedure code requirements above.
35	810	NOT APPLICABLE	NOT APPLICABLE	n/a	NONE - SEE EDITING REQUIREMENTS	POSITIONS 810 THRU 844 ARE EMPTY - NOT COLLECTED IN EMERGENCY DEPARTMENT (ED) DISCHARGE RECORDS
5	845	POS_1	Additional External Cause Of Injury 1	n/a	Alpha-numeric	IF there was an E-code in the patient record that WAS NOT placed in the External Cause of Injury field above, IT MAY be entered here. The E-Code ranges for this field are E800.0 through E848.9, and E850.0 through E999.9. The letter E is included and DECIMAL POINTS ARE EXCLUDED. Filled with blanks if not used.

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5	850	POS_2	Additional External Cause Of Injury 2	n/a	Alpha-numeric	IF there was an E-code in the patient record that WAS NOT placed in the External Cause of Injury, or the Additional Cause of Injury 1 Fields above, IT MAY be entered here. The E-Code ranges for this field are E800.0 through E848.9, and E850.0 through E999.9. The letter E is included and DECIMAL POINTS ARE EXCLUDED. Filled with blanks if not used.
5	855	POS_3	Additional External Cause Of Injury 3	n/a	Alpha-numeric	IF there was an E-code in the patient record that WAS NOT placed in the External Cause of Injury, Additional Cause of Injury 1, or Additional Cause of Injury 2 Fields above, IT MAY be entered here. The E-Code ranges for this field are E800.0 through E848.9, and E850.0 through E999.9. The letter E is included and DECIMAL POINTS ARE EXCLUDED. Filled with blanks if not used.
1	860	REC_TYPE	Type of Record	n/a	1 = Hospital Inpatient 2 = Hospital Outpatient - ALL Non-Emergency Department Outpatient visits (Postponed until 2006) 3 = Hospital Emergency Department	
9	861	UNIQ_ID	Unique Identifier	n/a		A unique identifier for each record.
3	870	AGE_YEARS	Patient's Age in Years	n/a		The patient's age in years, calculated upon the patient's date of birth and date of admission.
2	873	AGE_MONTHS	Patient's Age in Months (if under 1year)	n/a		The patient's age in months, calculated upon the patient's date of birth and date of admission.
4	875	ADM_YEAR	Admission Year	n/a		
2	879	ADM_MONTH	Admission Month	n/a	01 = January; 02 = February, etc.	
1	881	ADM_DOW	Admission Day of Week	n/a	1 = Sunday; 2 = Monday, etc.	
4	882	DISC_YEAR	Discharge Year	n/a		
2	886	DISC_MONTH	Discharge Month	n/a	01 = January; 02 = February, etc.	
4	888	LOS	Length of Stay	n/a		Number of days the patient was in the hospital, calculated upon the date of admission and date of discharge.
3	892	PPLOS	Pre-Procedure Length of Stay	n/a	If PPLOS is equal to or greater than 998, it will be assigned a value of 998. If no procedure was performed or no procedure date can be determined, it will be assigned a value of 999.	Number of days the patient was in the hospital prior to the principal procedure, calculated upon the date of admission and procedure date.
1	895	AGE_28DAYS	Newborn Indicator	n/a	Y = Patient age equal to or less than 28 days. N = Patient age is greater than 28 days.	Patient age in days is calculated on date of admission and date of birth.